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Biographical note

Oana-Maria Cojocaru (PhD, University of Oslo, 2016) is a historian of Medieval Byzantine society with research interests on childhood, youth, disability, and emotions. She held postdoctoral positions in Romania, Sweden, and Finland. She has published several articles and book chapters on Byzantine children and childhood. She co-edited *Childhood in History* (Routledge 2018) and authored *Byzantine Childhood Representations* (Routledge 2021).

WHAT REMAINS OF OUR FUTURE? DISABLED CHILDREN AND THE DYNAMICS OF HOPE IN MEDIEVAL BYZANTINE FAMILY CRISES (9TH-11TH CENTURIES)

Oana-Maria Cojocaru

Abstract

The article explores the emotional and practical responses of Byzantine parents to their children's illnesses and disabilities during a period marked by high childhood mortality rates. Focusing on three miracle accounts from the ninth to eleventh centuries, which feature mobility-impaired children, the study examines both the lived experiences of disabled children and the hope-based strategies that parents developed to cope with their disabilities. The research positions hope as an emotional and social practice, crucial in alleviating negative emotions and driving persistent efforts to find solutions. Using the religion-as-lived framework, I suggest that hope was a key factor in how Byzantine people navigated the emotional traumas associated with disability. By exploring the interplay between emotions, disability and religious practices, the article aims to offer a nuanced understanding of the emotional dynamics of hope and the familial and societal responses to disability in Byzantine society. Hope, deeply embedded in their cultural and religious practices, served as a fundamental emotional script for confronting and enduring difficult circumstances.

Keywords: children, disability, hope, emotions, miracles, lived religion.

1. Fragile Beginnings: Child Health in Byzantine Society

A substantial proportion of the population of the Byzantine Empire was made up of children, one of the most vulnerable social groups throughout history (Cojocaru 2021). Like any medieval society, Byzantium experienced wars, natural calamities, famine, and epidemics that influenced the mortality rate, as well as the prevalence of people with various mobility, sensory and cognitive impairments. Environmental factors such as poor

sanitation and nutrition, and low living standards determined by economic deprivation made life expectancy very low, on average around thirty years. The inhabitants of various regions of the Byzantine Empire – from the mountainous mainland Greece to the fertile lands of Asia Minor with hot summers and snowy cold winters – lived in a physical environment which shaped their everyday lives, and their capacity to survive or to adapt to deteriorating living conditions and changing environments. Historians of the Byzantine Empire have suggested that perhaps 10% of the population survived the hazards of childhood, reproduction, accidents and war and made it to old age (Rautman 1995, 9; Talbot 2015, 267-268).

Various infirmities marked the Byzantine (and more generally, medieval) everyday experience. Physical traumas and metabolic disorders could easily lead to permanent physical damage, as did war, famine, or other calamities. Being in the early stages of human physiological development, children were naturally more vulnerable than adults and some injuries or illnesses could make it impossible for them to develop adult faculties such as the abilities to walk or to procreate.

Evidence of high infant and childhood mortality is often attested in the Byzantine sources and has been confirmed by the archaeological findings. Osteological data of the Middle Byzantine period indicates that scurvy and iron-deficiency anaemia (*cribia orbitalia*) as well as malnutrition (*enamel hypoplasia*) were the most frequent pathological conditions found in the skeletal remains of infants and children. Archaeologists have observed differences in living conditions between urban and rural settlements, explaining that the higher densities of habitation and poorer sanitation and hygiene in cities resulted in high levels of infectious diseases and intestinal parasitism, especially among children, determining in turn iron deficiency anaemia and porotic hyperostosis (Rife 2012). These pathologies have been also closely associated with the weaning stress and the quality of supplementary food (Bourbou 2010, 99-126). In Byzantium, weaning was an especially perilous time in children's lives because of the adjustments to the new foods and the possibility of contamination. Usually, solid foods were introduced around the age of six months, probably in the form of porridge, or breadcrumbs softened with milk and honey. The shift from breast milk to a diet that was cereal-based and included goat's milk and honey, as recommended by Greco-Roman physicians and kept being in practice during the Byzantine period, often led to nutritional deficiencies in iron and folic acid, which might cause anaemia. Honey is known to cause botulism in infants, its symptoms including fatigue, blurred vision,

and paralysis (Cagan et al. 2010), which also feature in the Byzantine texts about sick children. Archaeologists have observed that metabolic diseases arising from vitamin deficiency are present only in remains from semi-urban and urban contexts of the Byzantine period. It seems that in rural settlements the higher consumption of relevant nutrients contributed to a lower frequency of scurvy and rickets as well as of iron deficiency (Rife 2012, 447).

In addition to ecological factors that put children's well-being and their survival chances at risk, physical trauma as the consequence of accidents was part and parcel of daily life. Then as now, children were at risk of suffering severe injuries that could result in lifelong handicaps. However, unlike today when children can quickly receive professional help in case of a physical trauma, in antiquity and the Middle Ages such medical opportunities were virtually non-existent or mostly ineffective. Consequently, bone fractures, joint dislocations, or other similar injuries in children often caused permanent physical deformities, impaired function, and life-long handicaps.

By and large, children's illnesses – whether acute or chronic – and disabilities represented more than mere medical challenges; they constituted serious family crises that illuminated the precariousness of life and the intense hopes parents invested in their offspring. Various afflictions, often unpredictable and devastating, not only tested the emotional resilience of families but also served as poignant reminders of the fragility of childhood and the uncertainties surrounding survival in an era characterized by high childhood mortality rates. How did Byzantine parents emotionally and practically respond to their children's illnesses and disabilities? What strategies did they develop to cope with and plan for a future when faced with a child's sudden severe illness or disability? What actions did they take in such instances? Ultimately, what hopes were left for children themselves, and how did their projected future align with societal expectations?

The article aims to answer these questions by analysing three miracle accounts from the ninth to eleventh centuries that capture some of the experiences of disabled children, as well as the experiences of their families caring for them and hoping for a miracle. Hope is conceived as an emotional and social practice (Scheer 2012), serving a dual purpose: as a means to alleviate negative emotions emerging in such moments of crisis (Lazarus 1999) and as a potent motivator, galvanizing individuals to persist in seeking solutions, planning for the future, and striving to lead

lives filled with meaning and purpose despite the adversities they face. Hope in this case is not a momentary wish, but persists for a longer period of time and has a strong motivational component that make people take actions to support that hope.

The analysis of these sources will be done against the backdrop of religion-as-lived, a perspective which considers how religion was practised and experienced in daily life, by focusing on the personal and communal aspects of religious expressions, and how this shaped individuals' lives and societal interactions (Katajala-Peltomaa and Toivo 2017, 2). For the Byzantines, the veneration of saints provided a crucial platform for individuals to navigate and interpret their life circumstances. It allowed them to express their hopes and anxieties, seek divine assistance, and voice their emotions within the accepted cultural frameworks of their society. This practice enabled people to connect personal experiences with broader communal beliefs, creating a shared language for expressing both personal and collective concerns. In this way, religion functioned as a performative space where individual and communal identities were constructed and reinforced, offering a means for people to cope with the challenges of life and find solace and meaning amidst adversity (Katajala-Peltomaa 2022, 39).

Thus, an interdisciplinary approach that considers aspects of medieval childhood, emotions, and disability provides a more nuanced understanding of these crises. By exploring how these elements intersect, we can better understand their impact on family dynamics and the role of hope in coping with dire circumstances.

2. Medieval Childhood Revisited

As a separate field of study within social history, the history of medieval children and youth has witnessed a renaissance after the publication of the very influential but much-criticized book by Philippe Ariès, *Centuries of Childhood* (1962). His controversial claim according to which the idea of childhood did not exist in medieval people's mentality and that parents in pre-modern societies did not develop emotional bonds with their children until they passed the perilous phase of infancy, prompted historians to amass extensive evidence from a wide range of sources, which proved that Ariès' notion of "indifferent" parents is less than nuanced if not mistaken. Questions of whether high child mortality really made the

parents emotionally immune to becoming attached to their children and whether pre-modern societies had a culture of nurturing the young have guided many studies of medieval childhood¹. Consequently, themes such as parent-child relationships, child rearing practices and children's socialization have been repeatedly explored. Now, the view that children in the past were neglected, abused and abandoned has considerably changed in light of the new findings. While acknowledging instances of dark childhoods marked by violence and maltreatment, scholars caution against anachronistic interpretations of medieval mentalities. For instance, practices considered today as child labour, corporal punishment, or abandonment were contextualized differently in pre-modern societies. Child labour was never seen to be an issue, since children were gradually introduced into the adult world and part of this process was precisely the initiation into the labour process, a necessary step for children to learn their future responsibilities as adults. Child beating was not perceived within the same pedagogical and psychological parameters as today. Child abandonment was not dictated by the lack of parental affection, but on the contrary, was often a strategy to increase children's survival and well-being in other places where they could be better taken care of (Vuolanto 2011).

Despite burgeoning interest in historical childhood, scant attention has been directed towards understanding the treatment of sick and particularly disabled children in the past. The debate over whether past societies practised infanticide of the disabled children is yet to finish. The idea that people in antiquity would kill or abandon their deformed and disabled children immediately after birth still prevails in academic conversations. As Christian Laes (2008, 97) has convincingly argued, there are many nuances when it comes to the attitudes towards disabled babies in antiquity: "while the destitute might perhaps get rid of their disabled children since they were simply not in the possibility of raising them, the well-to-do could have resorted to other solutions ... yet, also malformed children of the less well-to-do are known to have lived."

Although some historians have incorporated disability into their studies of medieval childhood, these inquiries frequently conflate physical impairments with other conditions and rarely delve into the lived experiences of disabled children and how their families coped practically and emotionally with this situation (Finucane 1997; Lett 1997; Kuuliala 2016). Notably, scholars of Byzantine social history are still barely playing catch-up to these research trends (Efthymiadis, 2016; Laes, 2017;

Lampadaridi 2021; Cojocar, forthcoming) and virtually no work has yet been undertaken on the experiences of disabled children, what it meant for a family to have a disabled child, and the strategies they envisioned for their future. This article endeavours to fill this gap by examining a series of miracle accounts featuring such children, aiming at shedding some light on their lived realities and the dynamics of hope within their families. As I will show later in this chapter, these narratives illustrate the role of hope in mitigating the life crises generated by the ill-health of children by highlight various actions families could take to improve the prospects of a meaningful future.

3. Theoretical Approaches to Byzantine Disability

In order to understand who the disabled were in Byzantine society it is necessary to take a brief look at what we understand nowadays by disability and in what ways medieval scholars can make use of this concept. The United Nations specify that “the term persons with disability is used to apply to *all* persons with disabilities, *including* those who have long term physical, mental, intellectual or sensory impairments which, in interaction with various attitudinal and environmental barriers, hinder their full and effective participation in society on an equal basis with others.”² Yet, as scholars studying disability in the Middle Ages have pointed out, the concept of disability cannot be applied to past societies, given that the impaired persons in the past might not share much of the ‘special needs’ status of their modern counterparts (Metzler 2017, 60).

For many decades, ‘disability’ has been employed by medical and medieval historians as a synonym of ‘impairment’. This is largely due to the fact that for many years research on disability was dominated by the so-called medical model that viewed disability as an illness or a problem that needed to be cured or eliminated. This model has been widely criticized because it reduces people with disability to objects of study, who are seen through lenses that only focus on their inabilities, failing to take into account the particularities of an individual life and the sociological and psychological aspects of disability (Brisenden 1987). Over the last two decades, however, historians have changed their perspective and started to use the social model of disability, which makes a clear distinction between impairment as a medically defined condition of a person’s body or mind, and disability as a culturally and historically

specific phenomenon, whereby disability is a socially generated system of discrimination. As Metzler (2017, 60) has repeatedly emphasized, this model allows the medieval historian “to treat the physical impairment as a separate category from disease or illness in general, so that medieval concepts of impairment will no longer be confused with those relating to temporary conditions such as infectious disease, as many medical historians have done.” While the social model of disability has been widely used, it has been recently criticized for excluding the body from historical analysis, rendering it meaningless and devoid of agency. To address this limitation, a new perspective has been proposed, which integrates both bodily differences and social perceptions, treating the body as an essential analytical category.

This alternative model challenges the strict separation between impairment and disability, arguing that such distinctions are not applicable to the medieval context since even the term ‘impairment’ is a culturally constructed concept without a direct historical counterpart (Eyler 2010, 8). The cultural approach to disability allows historians to explore a wide range of experiences for people with disabilities, analysing the impaired body both as a physical experience and as a product of cultural discourse. This approach, which I follow in this article, provides a more nuanced understanding of Byzantine disability, acknowledging the interplay between physical conditions and societal attitudes.

As in other pre-modern societies, the Byzantines did not have a conceptual category designating ‘the disabled’. The presence of various perspectives and discourses on health and illness, as evidenced in a variety of texts, testifies to the coexistence of multiple views on what we might today label as disability. For instance, while infertility is not considered a disabling condition in modern times, it prevented Byzantine women from fulfilling their expected social roles. Conversely, eunuchs, despite their inability to procreate, were fully integrated into Byzantine society and were highly esteemed, particularly in political and ecclesiastical contexts.

Similar to the Latin term *infirmitas*, the term νόσος (nosos – disease, sickness) was applied broadly without differentiating between various types of illnesses or infirmities. Its use extended beyond just diseases, encompassing a wide range of medical conditions, including impairments and disabilities. Other terms like ἀσθένεια (asthénéia – weakness or lack of strength) or ἀρρώστια (arrhōstía – sickness or ill-health) could more generally denote an infirmity.

As we can see, the vocabulary of disability inherited from Greco-Roman antiquity was fluid and often vague, unless it specifically mentioned a particular physical or sensory impairment. A useful summary of the ancient Greek terms denoting incapacity is provided by Samama (2016), who shows that the ancient Greek concept of disability covered a broad range of conditions, from eye, speech, or walking impairments to mental illnesses, some of which are nevertheless hard to interpret.

By and large, the Byzantines would call the mobility-impaired people κυλλος, (crippled), λελωβημένος (maimed, a term used to describe someone who had been injured or mutilated, resulting in impairment), χωλος (lame, either in hands or feet; was used more broadly to describe limping or difficulty in movement), ακίνητος (unable to move), πηρός (disabled in a limb, invalid) or ανάπηρος (deformed or mutilated; was used to describe individuals with significant physical deformities or impairments). One example of how ambiguous were the terms used by the Byzantines in expressing disability is provided by the use of the term αδυνατος. In the ninth-century *Life of David, Symeon and George of Lesbos*, the hagiographer mentions that George used “to get up at night and go to the mountain to chop wood that he would carry back and place it secretly at the doors of those who were infirm” (αδυνατος).³ The translator of the *vita* has chosen to use the term “infirm” for αδυνατος, which according to Liddell-Scott-Jones lexicon (*LSJ*) denotes impossibility and it refers to someone who is unable to do a thing, who is weak and without strength. The term is nevertheless general and does not necessarily imply a physical impairment, and in this context, it can refer to either physically disabled people, to old age persons, or to poor people who cannot provide for themselves. Such a confusing terminology warns the historian that one needs a deep context, which is usually absent, to determine what the matter with a person really was.

Τυφλός was the most common Greek term for ‘blind’ but one can find in hagiographies other expressions to indicate blindness. For instance, a nursing infant who was blind in the right eye (τὸν ὀφθαλμὸν τὸν δεξιὸν ἐσβεσμένον) was miraculously healed by the saint Athanasia of Aegina (*Life of Athanasia of Aegina*, ch. 30). The expression in Greek is translated as ‘extinguished eye’. Such an array of terms used in Byzantine texts illustrates the complexity of metaphors that could indicate an eye disease. Deafness was signalled by the term κωφός, which was consistently used in hagiographies: a deaf and mute child could be designated either as κωφον

τε και ἀλαλον παιδιον (*Life of Peter of Atroa*, ch.67) or βουβος και κωφός (*Translation and miracles of Theodora of Thessalonike*, ch.2).

4. Narrating the Miracle: Rhetorical Strategies and Cultural Discourses of Miraculous Cures

The veneration of saints, a fundamental part of Byzantine Christianity, prompted a rich literary tradition detailing the life, deeds and miracles performed by the saints, both during their lifetime and posthumously. Within this hagiographical tradition, miracle narratives have played an extremely important role in the promotion of a saint's cult. The discourse employed by hagiographers typically portrayed impairment as a deficiency requiring correction, a perspective that can be seen in numerous miracle accounts, which often served as literary and theological tools to emphasize the sanctity of holy figures and how important was to put one's hope in divinity. These miracle stories were frequently modelled on Gospel accounts of Jesus performing various cures. Just as Jesus healed the blind, the paralytic, the lepers, and the lame, the Byzantine saints were depicted as agents of divine intervention who could restore physical wholeness to those afflicted by various ailments.

Whether compiled in stand-alone compilations, or included into the texts of the saints' *vitae*, miracle accounts open up a window into how ill-health and disability have been perceived, interpreted and lived out in Byzantine society. Yet, the experiences of sick individuals described in these texts should not be seen as mere factual records, but as mediated through a narrative, whose function, according to White (1980, 87), is to produce notions of "continuity, wholeness, closure, and individuality that every 'civilized' society wishes to see itself as incarnating". As such, narrative is especially disposed to serve as the carrier of Eastern Christianity ideology, Byzantine society and culture, and the function of saints and miracles ascribed to them therein (Clarck 1998, 20). The small glimpses from the lives of the disabled children and their families which pepper the sources I discuss serve to enhance the narrative's credibility and realism. However, for these details to be effective, the audience needed to perceive them as familiar and relatable to their own everyday experiences. If the descriptions of disability had been entirely fantastical or unrealistic, it would have undermined the narrative's authenticity (Barthes 1986, 141-142). Thus, despite their narrative constraints, these texts can

be safely used to discern social realities recognized as such by Byzantine audiences, offering valuable insights into the hopes and aspirations of Byzantine families, the actions they take particularly in relation to sick and disabled children, and the strategies to maintain the sense of hope amidst adversities.

Additionally, these texts must have recounted the emotions, behaviour and actions of all people described in the story – from those in search for a cure, whether adults or children, to their families, the saints or the clergy administering their relics, as well the community at large. Successful healings were disseminated in various ways: they were read aloud or discussed in the context of liturgical services, particularly on saints' feast days, and were prominently featured at shrines that housed the saints' relics. Hearing about someone who was cured in a particular holy place would inspire other people in search for a cure to visit the saints or their relics. In this way, the miracle narratives played a dual role: they educated the faithful about the power and efficacy of saints in healing, while also providing hope and encouragement to those in need of divine intervention.

Almost every holy biography of the Middle Byzantine period contains some miracles (although not necessarily related to healing) that would prove the *χάρισμα* (gift of grace) and ultimately the holiness of the saints. An analysis of 83 *vitae* from the eighth to tenth centuries by Talbot (2002), which includes healing miracles performed by relics of both female and male saints, concludes that the Byzantine world saw a remarkable growth in healing shrines in the ninth century. This phenomenon is related to the end of the iconoclastic crisis that shook the Byzantine Empire for more than a century (from 726 to 842 with an intermission of 28 years)⁴, which resulted in the expansion of the cults of relics, as well as in the revival of the hagiographical literature, and the emergence of new saints in the ninth century.

What becomes apparent from Talbot's analysis is the wealth of information the historian can extract from these sources, especially in what concerns the types of afflictions cured by the saints, the methods of healing and the distribution by gender of the sick people in search for healing. In addition to this data, miracle narratives provide details about the name, age, place of origin, profession and the social condition of the recipients of healing and people close to them.

In terms of narrative structure, the large majority of miracles have the same pattern: first, a brief biographical description of the sick person – such as, “a child quite young in age and still at the breast, whose name

was Manouel” (*Life of Nikon ho Metanoeite*, ch.68), or “a young woman from the town of Verroia” (*Translation and miracles of St. Theodora of Thessalonike*, ch.12) – followed by a description of the health problems and the “treatment” provided by the saints or their relics. In the case of the living saints, the usual methods of healing consisted in the invocation of the divine powers through a prayer recited by the saint and the blessing of the sick. If the healing miracles were posthumous, the treatment would consist in touching the relics or the coffin that contained them, spending some time near the holy shrine, anointing the sick body with the holy oil from the lamp that would hang above a saint’s coffin, or sometimes touching the clothing or a personal possession of the saint (Talbot 2002, 159-161).⁵

According to the data gathered by Talbot, the total number of men mentioned in the miracle accounts of the eighth to the tenth centuries and healed by the saints was over twice that of the women (332 for men, respectively 156 for women). Talbot’s breakdown of miracle stories by gender becomes problematic when it comes to children. She includes boys in the category of men, and girls in the category of women, and when the person’s gender is not mentioned by the sources, Talbot marks them under the category ‘indeterminate sex’. A separate statistics discerning men, women, and children (boys/girls/unspecified) would be more useful and productive and in any case would provide different conclusions. For instance, Talbot states that demonic possessions are the most frequent afflictions mentioned in the sources she has analysed, followed by paralysis. Other diseases mentioned in hagiographies are dropsy, hernia, leprosy, cancer, dysentery, fever and chills, sterility, and hemorrhage.

However, a close look at the healing accounts included in the hagiographical literature of the Middle Byzantine period reveals that mobility impairments feature as the most frequent conditions of children cured by the saints, followed by eye inflammation and blindness, demonic possession, deaf-muteness, and finally skin diseases. Evidently, different ways to categorize these cases yields significantly different conclusions. Given the prevalence of mobility impairments in the Byzantine sources, I shall focus more on several cases of mobility-impaired children. My concern here is how the impairment may have affected childhood experiences, the prospects of children’s future, as well as the discourses of hope.

Three miracles featuring mobility-impaired children are included in the *Life of Peter of Atroa* (ninth century), the *Life of Symeon the New*

Theologian (eleventh century) and the *Life of Luke the Stylite* (tenth century) respectively. All three stories present boys, and the miracles are performed during the saints' lifetime. The choice to discuss their cases stems from the need to understand in what ways their lives would have differed given that the boys come from families of different social standing. In the first case we are dealing with a child belonging to aristocracy, the second one comes from a poor family, while the social status of the third child's family is not mentioned. Moreover, all three cases provide us with details about their medical condition and the families' actions. First, I will briefly present the three stories and will analyse them with an eye to how social status and disability operate together in shaping the life experiences of children of same gender but of slightly different ages and who suffer from crippling impairments, as well as to how hope is expressed and performed in each case.

The first miracle story presents the case of five-year-old boy who suffered since infancy from a bone disease, most likely rickets. The child was the son of lady of senatorial rank, who possessed an estate nearby Peter of Atroa's monastery. Having found no remedy in medical doctors and learning about the healing powers of Peter, she visits the saint and implores him to cure her child who had been supported only by his bones and sinews, being deprived of flesh since birth. The mother confesses that her child had been born like this because of the multitude of her sins, begging the saint: "Like a merciful physician and friend of souls, for the Lord's sake, heal him, for in the end I can no longer, unfortunate that I am, bear more the sight of this living corpse."⁶ Moved with compassion, Peter laid hands on the crippled boy, restored his health, and gave him back to his mother. The lady, upon receiving in good health her little son, who just before was weak (ἀσθενής) and almost dead (νεκρωμένος), rejoiced with all her family and returned home, in the city of Nicaea in the province of Bithynia.

The second miracle presents the story of a destitute woman (γύναιον τι πένόμενον) who arrives at the monastery where the saint Symeon the New Theologian resided, carrying in her arms her four-year-old child. The boy, we are told, was paralysed, unable to move, terribly wasted by disease, and believed to have little time left (παιδίον ὅσει χρόνων τεσσάρων παράλυτον ὁμοῦ καὶ ἀκίνητον). Torn by the two evils of poverty and the serious illness of her child, the mother left the boy in front of the chapel of St. Marina and hurried away without being seen by anyone. The monks discovered the child lying there and told Symeon about him "as though

it were some strange and horrible spectacle (φοβερόν τι πρᾶγμα καὶ ξένον ἰδεῖν ὀφθαλμοῖς)". Symeon went to the chapel, saw the child and asked the monks what they want to do with the little one. When the monks replied that the boy should be buried, as he is almost dead and barely breathing, the saint took the child in his hands, placed him on his seat and anointed him with holy oil. After praying and making the sign of the cross upon the boy with his hand, the child miraculously "became himself again and was revived and received robust health" (ἀναζωπυρηθὲν τε καὶ ἰσχύον εὐρωστίας λαβὼν). The boy, who had been bedridden and immobile for his whole life, could now stand up on his legs, walk and jump about from one to another, looking for something to eat. After he had eaten, he enjoyed complete health, and was given back to his mother, being able from now on to work and help her out of poverty and misfortune (*Life of Symeon the New Theologian*, ch.118).

Finally, the third miracle describes Sysinios and his wife, a couple living in the city of Chrysopolis, who went to saint Luke the Stylite, famous for his miracles. Their child had been bedridden for three years, being completely paralysed in his body (ἐν παρεσει σώματος ὀλοτελεῖ καὶ παντελεῖ μελῶν ἀκνησίᾳ). Instead of asking the saint for a miraculous cure, the parents supplicated the saint to offer fervent prayer to the Lord so that the child might soon be relieved from his painful life (παράκλησιν ἐκτενῆ ποιήσεται πρὸς Κύριον, ὡς ἂν ταχέως ἀπαλλαγείη τῆς παρούσης ἐπόδουνης ζῶης), as it was both a burden and a shame for them to see the child in such accumulated misery, being unable to either cure or care for him. To their supplication the saint, foretelling the future very clearly, replied that next day God will take the child to him, freeing him from a life of misery (τὸν μέντοι παῖδα προσλαμβάνόμενος καὶ τῆς βιαίας ἀπαλλάττων ζῶης), while the parents will be released from the grief and laborious service concerning him (τῆς ἐπ' αὐτῷ λύπης καὶ δυσχεροῦς ὑπηρεσίας) (*Life of Luke the Stylite*, ch.75).

5. Lived Experiences and Emotional Dynamics: Insights from Miracle Stories

These three anecdotes hold significant value for the history of disability during the Byzantine period, particularly regarding childhood experiences and the impact of disability on families facing the challenges of raising a disabled child, irrespective of their social and economic status. Even

though in the first miracle we are dealing with quite an affluent family, who could afford medical treatment and who indeed resorted to physicians in order to improve the child's condition, the ultimate hope was in the saint's powers to help the boy. The criticism towards doctors' inability to cure various ailments is a well-known *topos* frequently employed in hagiographical literature in order to stress the healing powers of the saints. The message conveyed by hagiographers was that true hope can only be placed in divine assistance. Hope played a significant role in Byzantine culture, not only influencing people's decision-making and actions but also contributing to their emotional resilience when facing with life adversities. The hope for a miraculous cure was a fundamental aspect of their world-view, affecting decisions, rituals, and the ways they sought help during times of distress. When confronted with serious health problems, the Byzantines typically employed three strategies: first, they would consult doctors, if financially feasible, and subsequently seek the assistance of saints or their relics. Second, they might visit a saint or a holy shrine directly, without prior medical intervention. Third, they would combine both approaches in the hope of increasing their chances of being cured.

In the stories summarized above, only the senatorial lady is described to have resorted first to the doctors, whose knowledge about skeletal malformations may have been rather limited.⁷ Her child, born with rickets, was the recipient of the saint's intercession, one of the rare cases of a birth defect cured by a saint. Another similar case is described in the same *Life of Peter of Atroa* and concerns the nephew of a monk, a seven-year-old child with another congenital malformation: from the waist down it is said to have had no bones at all, only flesh and skin. Because of this, he could not even crawl on the ground. Healed by the saint, the child started to walk.⁸ As other scholars have already noticed, hagiographers rarely indicate whether the disability of the people healed by the saints was from birth or inflicted during their lifetime. This was an idea deeply embedded in Byzantine thinking that reflects an implicit care not to overstep the boundaries of something that only God could do, as the saints themselves had limited powers in the face of such afflictions (Eftymiadis 2016, 396).

Another important point to be made is the way in which the Byzantines reflected upon disability in children: this was sometimes seen as the result of the parents' sins, like in the case of the first miracle, but not always, at least in what concerns the Middle Byzantine period. In fact, there are relatively few instances in Byzantine hagiography of this period in which parents claim that their children were born or became disabled because

of their sinful life.⁹ More often than not, this connection between disability and sin is emphasized in the case of disabled adults. When a child was disabled, his/her disability might be inflicted by the evil forces, or carries a subtle theological message concerning parents' individual salvation rather than their own, as the innocence of children was believed to assure their entry into Paradise.

In the context of family and social support, the experiences of these children were shaped by their economic circumstances and the availability of care networks. A mobility-impaired child would require constant physical assistance, and in Byzantium, as in every medieval society, the family was the first source of support. Yet, the ways families may have provided assistance for their disabled children depended much on the type of impairment, how big the families were, the physical setting in which these children lived, as well as on their financial means. A disabled child born into a rich family may have benefited from the daily assistance of numerous servants who might have been in charge with feeding the child, moving him around, and other such basic needs. Servants played an active role in children's lives, being mentioned in other sources as supervising and taking care of sick children of aristocratic families.¹⁰

On the other hand, children from poor families might have received some assistance from their relatives—like siblings, grandparents, or aunts. However, the second miracle suggests that poverty doubled by sickness or disability was the worst combination for a family who could not afford to properly take care of such children. Describing her case, the hagiographer paints a painful image of a mother who struggles along and is exhausted with the illness of her child that adds a great burden to her poverty. Being unable to cope with the harsh circumstances of life, she ultimately decides to expose the child in front of the chapel of St. Marina, "so that she might experience some minor and temporary relief by having rid herself of one of the two evils with which she was burdened," as the author put it. Here it should be noted that the hagiographer does not criticize her decision, but rather understands the circumstances that compelled her to make this decision. Given that the social inequality even at the level of peasantry and the heavy system of taxation made the poor peasants even more impoverished (Kazhdan 1997, 63), the depiction of the woman's decision in the narrative should not be understood as a *topos*, but as a reflection of a socio-economic reality.

Leaving aside the rhetorical strategies of religious authors to stress the extraordinary powers of the saints to cure conditions that were considered

incurable by medicine, the third case may be seen as a reflection of reality in which a more extreme case of disability lowered the life quality of a child to such an extent that his own parents wished he would be released from a life of misery. The boy is described as a source of both shame and burden for the parents, highlighting the significant challenges they faced, not just in terms of the everyday difficulties and the lack of an additional pair of hands (an important economical asset for most Byzantine families), but also in terms of societal prejudices, equating disability with shame. In a potentially surprising turn of events (for a modern audience at least), the saint does not condemn the parents for desiring their child's death. Instead, he acknowledges their worries, anxieties, and sorrows, as well as the extensive care and services they would have had to provide, expressing empathy and asking God to liberate the child from what is repeatedly described as 'a life of miseries.' The saintly intervention puts an end to the pain of being bedridden for his entire life and consequently, the emotional distress from the lack of prospects for a better or meaningful life.

Unusual as it may be to read a narrative in which parents would ask for their child's death, this anecdote offers us a small glimpse into how the Byzantine parents may have coped with such circumstances practically and emotionally. Why did the parents not ask for a healing miracle? The same hagiography contains several other cases of children who were cured by the saint, but all of them are performed because the parents asked for a healing. Are we dealing in this case with a situation closer to the reality of daily life with parents so overwhelmed by this situation that they could no longer envision hope for a cure? Or did they perceive paralysis as a condition impossible to be cured even by a saint? These are just rhetorical questions and it is difficult to answer them, but they provide us a window into the emotional burden children's disabilities laid on their parents' shoulders.

This narrative invites reflection on the relational nature of hope. Hope rarely acts alone; it coexists with and is shaped by other emotions, in our case, despair. The parents' request for their child's death reflects an emotional state where despair appears indeed dominant. Yet, far from being static or singular, hope functions relationally, evolving in response to shifting circumstances. The act of turning to the saint for intervention suggests that, even amidst their despair, the parents may have clung to some form of hope – not for a miraculous healing, to be sure, but perhaps for some relief from their overwhelming suffering. This paradoxical coexistence of hope and despair underscores the fragility of hope in such

situations, where the emotional toll of caregiving leaves little room for envisioning a meaningful future.

Another way of reading this narrative is that such severe disabilities prevented children to meet society's standards, thus revealing the socio-economic and emotional importance of children as central to the survival and social advancement strategies of the Byzantines. Their survival into adulthood was crucial for ensuring the continuation of family lineage, the transfer of inheritance, and the psychological and financial security of their parents in old age. Moreover, already from childhood they were expected to take part in the household economic activities, by helping their parents with different household chores. Children's inability to work, especially when they belonged to lower social strata, must have been a strong definer of their lived experience. As Byzantium was largely an agrarian world, mobility impairments were markedly disabling because they affected the capacity to work in physical roles, which was a very important feature, not only economically but also socially. This may not have been the case with children of craftsmen as some crafts would require more the use of hands to work as jewellers, silk spinners, silk weavers, leather cutters, some of the *métiers* in Byzantium.

The author of the *Vita of Symeon the New Theologian* mentions that once returned to the mother, the child now healthy was able to work and help her out of poverty and misfortune. Hagiographical literature gives evidence that in rural families, boys worked as shepherds and assistants in agricultural labour as young as seven. A severe mobility impairment would have prevented them from earning a living by performing their usual tasks, in which situations they may have ended up as beggars or in the best case in a monastic community or other philanthropic institutions governed by the Church, such as hospitals, poor houses and orphanages (Constantelos 1991; Miller 2003). The Church made some efforts to integrate the disabled in the life of the community, as for example in the monastic community of Athanasios the Athonite who ruled that those who were in some way or another disabled were to help the community. Accordingly, the blind people with a healthy body were to help with operating the forge, while the crippled he ordered to help in the kitchen. By operating this integration of the disabled members who were most probably perceived at a more general level as useless, the community would ideally benefit from their work and in turn, the disabled would feel more valuable (*Life of Athanasios of Athos, vita A*, 138). However, as most of the mobility impaired children are presented in the Byzantine texts

as being raised and taken care of within the family, most probably such arrangements applied to disabled adults in specific communal contexts.

Another aspect that deserves attention is the way in which mobility-impaired children may have interacted with their surroundings and navigated their environment. We can infer the difficulty these children experienced in moving about even in the narrowest context of their every-day life and habitation, but all the more in the context of the journeys that families had to make when visiting a saint or making a pilgrimage to holy shrines. Normally, pilgrims would approach the monasteries where the living saints resided or the holy shrines by foot, as a symbol of humility towards the saint. In general, mobility-impaired people would be carried by family members or servants, or would use animals as a means of transportation, and when reaching the holy place would be carried on stretchers, or would use crutches if they were able to some extent to move their legs. For instance, two lame children described in the *Life of Luke of Steris* (70) are said to have ridden donkeys. A boy mentioned in the *Life of Makarios of Pelekete* (8) is said to have been able to only crawl on all fours, supporting his hands on blocks of wood. Travelling even short distances to holy places would require considerable effort also from those who accompanied the disabled. The boy in the second miracle was carried only by his mother in her arms, who had to climb the stairway leading to the chapel where the monks of the monastery of Symeon the New Theologian found the boy. For those people who were completely unable to move, their relatives might undertake the journey on their behalf, while the bedridden would hope to secure a cure from afar.

These stories also highlight the liminal status of these children – neither alive, yet not dead either, but somewhere in between. The paralysed child in the *Life of Symeon the New Theologian* is described as “almost dead already and just about to stop breathing”, whereas the boy from the senatorial family is described by his mother as a living corpse (νεκροζώϊον). Other narratives about disabled children described children as half-dead (ἡμιθανές), especially in connection with paralysis. For instance, a seven-year-old boy who was dumb and with a dry body is described by his father who took him to Peter of Atroa as an inert and insensitive object (ανενεργητον και αναισθητον κειμενον) (*Life of Peter of Atroa*, ch.20). According to Irina Metzler (2006, 155), during the Middle Ages, the status of disabled individuals was often characterized by their liminal position between the categories of ‘well’ and ‘sick,’ primarily due to the incurability of their conditions. If we judge by the description of

these children, in Byzantine thought, disability may have had a similar conceptualization; yet paralysis in particular was more than just a physical condition; it was closely linked with the broader social implications of fulfilling societal expectations. Paralysis was perceived as indicative of the inability to participate fully in the social and economic life of the community. Consequently, the small glimpses offered by miracle accounts reveal the harsh realities of living with a disability, both for children and their caregivers.

At the same time, the crises arising from children's illnesses and disabilities were alleviated by religious practices, particularly through seeking the assistance of saints. This recourse provided families with a culturally sanctioned avenue to express their emotional distress regarding their children's health, offering both spiritual solace and a structured way to navigate their grief and hope.

6. Conclusions

In Byzantine society, children were pivotal to the survival and prosperity of families, embodying both practical roles – continuing the family lineage and providing psychological and financial support in their parents' old age – and symbolic ones, as carriers of the family's name, honour, and social standing within the community. These expectations placed children at the centre of familial hopes, which operated on two distinct yet interconnected levels: a forward-looking hope tied to long-term familial aspirations and a reactive hope that arose during moments of crisis.

The forward-looking hope was rooted in the assumption that children would grow into their roles as contributors to household stability, inheritors of family wealth, and perpetuators of familial legacy. This hope framed children as essential to the family's future, motivating parental investment in their upbringing and well-being. However, these expectations could be suddenly disrupted by severe illness, disability, or other adversities, prompting the emergence of crisis-driven hope. Unlike the steady, aspirational nature of forward-looking hope, this form of hope was immediate and urgent, focused on securing relief from the imminent threat to a child's life.

Miracle accounts illustrate how families expressed crisis-driven hope by turning to saints and engaging in religious practices, particularly when conventional remedies failed. Seeking divine intervention was not merely

an act of faith but also a way to sustain broader aspirations for the family's future. These accounts reveal how the two forms of hope were deeply intertwined. A miraculous healing, for instance, could not only resolve a present crisis but also restore the child's ability to fulfil their expected societal and familial roles, reinforcing the family's forward-looking hopes. At the same time, the hope for healing provided families with emotional resilience to endure immediate hardships, bridging the gap between despair and renewed aspirations.

The disruption caused by a child's severe illness or disability had important implications for Byzantine families. These crises jeopardized not only the child's prospects for survival and societal participation but also the family's socio-economic stability and future lineage. Religious practices played a crucial role in helping families negotiate these challenges, providing structured pathways to navigate uncertainty and sustain hope in both its forms.

What these miracle accounts show us is that everyday practices of lived religion provided several pathways for Byzantine individuals and families to negotiate emotionally such crises and to sustain both types of hope. For grieving parents, the future of a dead child is an assured place in heaven as an innocent sufferer of a terrible affliction. But most children in the texts are healed, yet the road to healing is not always a straight one. Often parents and children undertook long journeys to saints' shrines, performed prayers, or slept near relics, waiting for divine intervention. What is common to all these attempts at miraculous healing is the expression of hope and faith that the saint can intercede on their behalf. Even when cures did not occur, the belief in the saint's power allowed families to reframe their grief, often imagining spiritual consolation for a child who had passed away.

Ultimately, hope – whether forward-looking or crisis-driven – emerges as a central emotional practice in Byzantine society. While these forms of hope served different functions, they were deeply interconnected, reinforcing each other in times of adversity. Crisis-driven hope allowed families to persevere during moments of despair, sustaining their broader aspirations for a meaningful future. Though often stretched to its limits by obstacles or failed cures, it was nevertheless essential for Byzantine people, for whom it was one of the basic cultural emotional scripts they could appeal to when faced with such adverse circumstances.

Endnotes

- 1 A comprehensive bibliography published online by Vuolanto, Aasgaard, and Cojocaru testifies to the tremendous number of studies dedicated to children and childhood from the 8th c. BC to the 8th c. AD; online at: https://www.academia.edu/36705877/CHILDREN_IN_THE_ANCIENT_WORLD_AND_THE_EARLY_MIDDLE_AGES._A_BIBLIOGRAPHY_EIGHT_CENTURY_BC_EIGHT_CENTURY_AD_VILLE_VUOLANTO_REIDAR_AASGAARD_and_OANA_MARIA_COJOCARU.
- 2 <http://www.un.org/esa/socdev/enable/faqs.htm>.
- 3 *Life of David, Symeon and George*, ch.11: νύκτωρ γὰρ ἀνιστάμενος καὶ πρὸς τὸ ὄρος ἀφικόμενος ἢ θαυμασία καὶ ἐλεήμων ὄντως ψυχὴ ὁ Γεώργιος ζύλα κόπτων καὶ τοῖς ἑαυτοῦ ἐπιφορτιζόμενος ὤμοις, λαθραίως ταῖς θύραις ἀπετίθει τῶν ἀδυνάτων· English trans. by Domingo-Forasté (1998, 170).
- 4 The first iconoclastic period ended in 787 when the veneration of the icons was officially reintroduced in the Church, while the second iconoclastic period started in 815, when Leo V decided to reintroduce Iconoclasm, which was ratified by a council held in Hagia Sophia. There are many studies on Iconoclasm, but a very insightful study is provided by Brubacker and Haldon (2011).
- 5 Another kind of treatment falls in the category of healing dreams, which are more characteristic of early Byzantine hagiography and miracle collections. In this case, the healing dreams represent an answer to the sick person's prayers and occur very often when the patients are present in the saint's shrine, and sometimes when they sleep in their homes or on the way to the saint's shrine. On healing dreams and their categorization, see Constantinou (2014).
- 6 *Life of Peter of Atroa*, ch.51: Παιδίον μοί ἐστιν πενταετής, ὃ πανόσιε, καὶ ἐκ τοῦ πλήθους τῶν ἀμαρτιῶν μου νόσῳ βαρυτάτη περιπέπτωκεν ὀστέοις μόνοις καὶ νεύροις περικρατούμενον, σαρκὸς δὲ χωρὶς ὑπάρχον ἀπὸ γεννήσεως· ὄν, ὡς συμπαθῆς ἰατρός καὶ φίλοψυχος, διὰ τὸν Κύριον ἴασαι· οὐ φέρω γὰρ ἔτι ὀρᾶν εἰς τέλος τὴν τοῦτου νεκροζωίαν ἢ οἰκτίστος.
- 7 One exception is the second-century physician Sorano of Ephesus, who alludes to infant rickets in his treatise *Gynaecology*: 'When the infant attempts to sit and to stand, one should help in its movements. For if it is eager to sit up too early and for too long a period it becomes hunchbacked (the spine bending because the little body has as yet no strength). If, moreover, it is too prone to stand up and desirous of walking, the legs may become distorted in the regions of the thighs.' Unfortunately, the seven-century Byzantine physician Paul of Aegina who devotes an entire chapter to fractures and spinal injuries, does not mention bone diseases and childhood malformations.

- ⁸ The saint cures the child but foresees he will die in two years (*Life of Peter of Atroa*, ch.29).
- ⁹ As with the half-paralyzed girl cured by Theodora of Thessalonike's relics, and whose mother argues that her condition is due to the multitude of her sins. *The Translation and Miracles of Theodora of Thessalonike*, ch.11
- ¹⁰ This is the case of Styliane, the daughter of Michael Psellos who died at the age of nine as a result of an infectious disease, most likely smallpox. The servants are described here as having swaddled, breast-fed, nourished and raised her until the time of death. Michael Psellos, *Funeral oration for his daughter Styliane* §37, 132.

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